

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

 PAGE 1 OF 2  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>MOVEON.ORG POLITICAL ACTION</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00341396	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>PDQ Printing</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 07 / 2016</b>	
Mailing Address <b>3820 S Valley View Blvd</b>		Amount <b>2706.34</b>	
City <b>Las Vegas</b>	State <b>NV</b>	Zip Code <b>89103</b>	Transaction ID : <b>SE.11445</b>
Purpose of Expenditure <b>Literature</b>	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 07 / 2016</b>	
Name of Federal Candidate <b>JUDGE, PATTY JEAN, , ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>21173.03</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>IA</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>PDQ Printing</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 22 / 2016</b>	
Mailing Address <b>3820 S Valley View Blvd</b>		Amount <b>87.76</b>	
City <b>Las Vegas</b>	State <b>NV</b>	Zip Code <b>89103</b>	Transaction ID : <b>SE.11446</b>
Purpose of Expenditure <b>Printing/Brochures</b>	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 22 / 2016</b>	
Name of Federal Candidate <b>JUDGE, PATTY JEAN, , ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>21473.29</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>IA</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>2794.10</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Matzzie, Tom, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 22 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 2 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>MOVEON.ORG POLITICAL ACTION</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00341396	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Solidarity Strategies LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 07 / 2016</b>	
Mailing Address 1090 Vermont Ave, NW Suite 300		Amount <b>212.50</b>	
City Washington	State DC	Zip Code 20005	Transaction ID : <b>SE.11447</b>
Purpose of Expenditure Literature	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 07 / 2016</b>	
Name of Federal Candidate JUDGE, PATTY JEAN, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>IA</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

**21385.53**

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>212.50</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	<b>3006.60</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Matzzie, Tom, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 22 / 2016**

Signature